Simultaneous spectrophotometric determination of Levofloxacin and Azithromycin using π -acceptors as analytical reagents

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Abstract: Two sensitive and precise spectrophotometric methods have been developed for the simultaneous determination of levofloxacin and azithromycin in pure mixture and in pharmaceutical binary dosage forms. A new concept of area under curve (AUC) is proposed for simultaneous estimation of two drugs by these methods. Method A involves the use of DDQ (2,3-Dichloro-5,6-dicyano-1,4-benzoquinone) as analytical reagent and the AUC between 390nm and 690nm for DDQ was used for determination. Method B involves the use of p-CA (p-Chloranilic acid: 2,5-Dichloro-3,6-dihydroxy-1,4-benzoquinone) as an analytical reagent and the AUC between 400nm and 700nm for p-CA was used for determination. The methods developed and construction of calibration curves using two analytical reagents viz., DDQ and p-CA are described. Optical and analytical parameters for the individual and simultaneous determination of levofloxacin and azithromycin using AUC are tabulated. The methods have been validated and compared with HPLC methods in terms of standard deviation, t-test and F-test.

Keywords - Spectrophotometry, Simultaneous estimation, AUC, Levofloxacin, Azithrmycin, Azitech-Le tablet, DDQ, *p*-CA, CT Complex, Validation

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I. INTRODUCTION

The present study is aimed at the development of two sensitive and simple spectrophotometric methods for the simultaneous determination of Levofloxacin and Azithromycin in pure mixture and pharmaceutical binary dosage forms using π -Acceptors as analytical reagents.

1.1 Levofloxacin

Levofloxacin (Fig 1), a newer member of quinolones, is used in the treatment of Multidrug Resistant (MD) tuberculosis [1]. It is the L- isomer of ofloxacin existing commercially as the hemihydrate. Chemically, it is (-)-(S)-9-fluoro- 2,3-dihydro-3-methyl - 10 - (4-methyl-1-piperazinyl) -7- oxo - 7H – Pyrido [1,2,3-de] - 1,4-benzoxazine - 6-carboxylic acid, hemihydrate. It is greatly effective against both Gram-negative and Grampositive bacteria that are resistant to other antibacterials[2-4].



Fig 1: Levofloxacin

Levofloxacin (LEV) is the quinolone of choice for airway infections, being active against several types of pathogens[5-8]. Various analytical methods have been reported in scientific literature for the analysis of Levofloxacin in pharmaceutical formulation and/or biological fluids including HPLC with UV detection[9], Vibrational Spectroscopy[10], Spectrofluorimetry[11], Colorimetric Spectrophotometry[12], Spectro photometry by ion-pair complex[13, 14], UV Spectrophotometry[15] and Capillary Electrophoresis[16].

1.2 Azithromycin

Azithromycin (Fig 2) (AZI) is a semi synthetic macrolide antibiotic with a 15-membered azalactone ring. It is derived from erythromycin. however, it differs chemically from erythromycin in that a methyl-substituted nitrogen atom is incorporated into the lactone ring.



Like erythromycin, it appears to bind to the same receptor, 50 S ribosomal subunits of susceptible bacteria and suppresses protein synthesis. It is used primarily to treat various bacterial infections, such as aerobic gram-positive microorganisms and aerobic gram-negative microorganisms. The incorporation of the nitrogen into the ring significantly alters the chemical, microbiological and pharmacokinetic properties of Azithromycin. It exhibits a more extensive spectrum of activity, greater acid stability and more favorable pharmacokinetic parameters than erythromycin[17].

Several methods have been developed for the determination of Azithromycin in pharmaceutical dosage forms. These methods include HPLC and microbiological methods. Chromatographic separation is one of the essential and powerful components of the most quantitative analyses and HPLC is currently the most versatile tool which satisfies the needs for an optimum separation [18]. Azithromycin has been analyzed by HPLC using fluorescence[19-21], electrochemical (using amperometric and coulometric detectors)[22, 23] and mass spectrometry detector [24-27] for quantification in bulk material and pharmaceutical dosage forms. Fluorescence detection requires complicated sample pretreatment involving pre-column derivatization of the analyte. Assay procedures making use of electrochemical detection is often very time consuming, both in the sample preparation steps and the chromatography. The United States Pharmacopeia (USP) method[28] describes a high pH mobile phase (pH 11) as well as a specific column (Gamma alumina) which is quite expensive and difficult to obtain commercially as many of the column manufacturers do not supply this column. Also, the USP method employs amperometric electrochemical detection, which is not available in many laboratories. Mass spectrometry methods may have the highest sensitivity, but the determination process is complex[29]. Development of a Simple RP-HPLC-UV method for determination of Azithromycin in bulk and pharmaceutical dosage forms as an alternative to the USP method has been reported[30], RP-HPLC method was developed and validated for simultaneous determination of Azithromycin and Levofloxacin in tablet dosage form[31, 32] and in their pure form[33]. Simultaneous determination of azithromycin and levofloxacin in pharmaceuticals by charge transfer complexation with alizarin red S using an absorption-factor method has been recently reported[34]. The literature survey revealed that methods of analysis of binary mixtures use direct UV spectra of the drugs and no foreign analytical reagent is used. For example, DDQ (2,3-Dichloro-5,6-dicyano-1,4benzoquinone), I2, p-CA (2,5-Dichloro-3,6-dihydroxy-1,4-benzoquinone) and TCNE (Tetracyano ethylene) are used as analytical reagents for mono dosage forms, but are not used for the analysis of binary mixtures.

II. MATERIALS AND METHODS

2.1 Instruments

The UV-Vis spectra of the study have been recorded on SHIMADZU 140 double beam spectrophotometer and also on ELICO SL 210 UV-Visible double beam spectrophotometer using quartz cells of 10 mm path length. An Elico model Li-120 pH meter was used for pH measurement.

2.2 Materials

DDQ (2,3-Dichloro-5,6-dicyano-p-benzoquinone) was obtained from SD Fine Chemicals. It was recrystallized twice from 3:1 mixture of chloroform and benzene. p-CA (P-Chloranilic acid) supplied by Rolex, Mumbai was used without further purification. HPLC grade acetonitrile was used throughout the work. The drug mixture analysed was procured from Dr. Reddy's laboratories, Hetero Drugs Private Ltd, Kekule Pharma

Limited, Srini Pharmaceuticals Ltd. and Symed Laboratories Ltd. as gift samples. All these firms are located in and around Hydeabad, Telangana.

2.3 Methods and Calibration

2.3.1 Method A

This method is developed for the simultaneous estimation of drugs in a binary mixture using DDQ (2,3-Dichloro-5,6-dicyano-1,4-benzoquinone) as an analytical reagent. Into a series of 10ml of flasks, different aliquots (1-9ml) of levofloxacin were taken and 1ml of DDQ was added, remaining volume was made up with solvent (Acetonitrile). The contents were shaken well and UV–Vis spectra were recorded. The OD at 480, 540 and 580nm for DDQ anion were noted. The areas under the curve (AUC) between 390nm and 690nm for DDQ were determined from the spectra. AUC_x was plotted against concentration of levofloxacin. From the slope of the plot K_x was determined. Similarly, analogous experiments were repeated for determination of K_y for azithromycin.

Stock solution of mixture of levofloxacin and azithromycin was prepared with same ratio as in tablet formulations. Form the stock, 1-9ml of mixture of drugs were taken into series of standard flasks and 1ml of reagent DDQ was added. Remaining volume was made up with solvent (Acetonitrile). The contents were shaken well. UV-Vis spectra were recorded. The OD at 480,540 & 580 for DDQ anion were noted. AUC_{mix} was plotted against either Cx or Cy for calibration.

2.3.2 Method B

This method is developed for the simultaneous estimation of drugs in a binary mixture using *p*-CA (*p*-Chloranilic acid: 2,5-Dichloro-3,6-dihydroxy-1,4-benzoquinone) as an analytical reagent. Into a series of 10ml of flasks, different aliquots (1-9ml) of one drug were taken and 1ml of *p*-CA was added, remaining volume was made up with solvent (Acetonitrile). The contents were shaken well and UV–Vis spectra were recorded. The OD at 540nm for *p*-CA anion were noted. The areas under the curve (AUC) between 400nm and 700nm for *p*-CA were determined from the spectra. AUC_x is plotted against the concentration of drug. From the slope of the plot K_x was determined. Similarly, analogous experiments were repeated for determination of K_y for another drug.

Stock solution of mixture of drugs was prepared with same ratio as in tablet formulations. Form the stock, 1-9ml of mixture of drugs were taken into series of standard flasks and 1ml of reagent, *p*-CA was added. Remaining volume was made up with solvent (Acetonitrile). The contents were shaken well. UV-Visible spectra were recorded. The OD at 540nm for *p*-CA anion was noted. AUC_{mix} was plotted against either Cx or Cy for calibration.

III. RESULTS AND DISCUSSION

p-CA for example, is an analytical reagent and produces a band at 540nm for *p*-CA anion and is independent of the drug. It is also expected to interact with both the drugs in mixture and exhibits band at 540 nm. As the extent of interaction is different in mixture, it is possible to analyze the concentration of each although the analytical wavelength is same. This prompted the author to give a thought in these lines. For the quantification, generally optical density at λ_{max} is measured against concentration of drug for calibration purpose. The authors area under curve (AUC) is more appropriate than the optical density. The author proposes to measure the area under the curve for individual drugs as well as the mixture in a constant ratio of concentration as in the formulations.

$$\begin{array}{rl} AUC \mbox{ (Area under curve in mixture)} = AUC_X + AUC_Y \\ & \mbox{ where } X \mbox{ and } Y \mbox{ are two drugs in the binary mixture} \\ but & AUC \mbox{ of } X \mbox{ a } C_X \\ & \mbox{ and } AUC \mbox{ of } Y \mbox{ a } C_Y \\ & \mbox{ AUC } x = K_X C_X \\ & \mbox{ AUC } x = K_X C_Y \\ & \mbox{ AUC } x = K_X C_Y \\ & \mbox{ AUC } x = K_X C_Y \\ & \mbox{ AUC } x = K_X C_X + K_Y C_Y \\ & \mbox{ AUC } x = K_X C_X + K_Y C_Y \\ & \mbox{ Dividing both sides of equation by } K_X C_X \\ & \mbox{ } \frac{AUC_{mix}}{K_x C_x} = 1 + \frac{K_Y C_Y}{K_x C_x} \\ & \mbox{ But } \frac{K_Y C_Y}{K_x C_x} = 1 + K \end{array}$$

$$AUC_{mix} = (1 + K)K_XC_X$$
$$AUC_{mix} = (K_X + K, K_X)C_X$$
(2)

Similarly

AUC_{mix} = K_xC_x + K_yC_y
Dividing both sides with K_yC_y

$$\frac{AUC_{mix}}{K_{Y}C_{Y}} = 1 + \frac{K_{x}C_{x}}{K_{Y}C_{Y}}$$

$$\frac{K_{x}C_{x}}{K_{Y}C_{Y}} = K \text{ (Constant)}$$
AUC_{mix} = (1 + K)K_YC_Y(3)
AUC_{mix} = (K_Y + K. K_Y)C_Y(4)

The equations 2 and 4 imply that AUC_{mix} is either proportional to C_x or C_Y

By determining the AUC_{mix} for a mixture of drugs having constant ratio it is possible to construct the calibrations to find the individual concentrations of drugs in a binary mixture.

Into a series of 10ml of flasks, different aliquots (1-9ml) of drug Levofloxacin were taken and 1ml of DDQ or p-CA was added, remaining volume was made up with solvent acetonitrile. The contents were shaken well and UV–Vis spectra were recorded. The OD at 540nm for *p*-CA anion and 480, 540 and 580nm for DDQ anion were noted. The area under the curve (AUC) between 390nm and 650nm for DDQ and between 400nm and 700nm for *p*-CA were determined from the spectra (Fig. 3 and Fig. 4). The plots of AUC_x vs concentration of Levofloxacin with DDQ and *p*-CA are shown in Fig. 5 and Fig. 6. From the slope of the plots K_x was determined. In the same way, analogous experiments were repeated for determination of K_y for Azithromycin (Fig. 7, Fig. 8, Fig. 9 and Fig. 10).









Stock solution of mixture of drugs was prepared with same ratio as in tablet formulations. From the stock 1-9ml of mixture of drugs were taken into series of standard flasks and 1ml of reagent DDQ or *p*-CA was added. Remaining volume was made up with solvent (Acetonitrile). The contents were shaken well. UV-Visible spectra were recorded (Fig. 11 and Fig. 12). The OD at 540nm for *p*-CA anion and 480, 540 & 580 for DDQ anion were noted. AUC_{mix} was plotted either Cx or Cy (Fig. 13 and Fig. 14).



Fig 11: Charge transfer spectrum of LEV+AZI with DDQ



Fig 12: Charge transfer spectrum of LEV+AZI with p-CA



Fig 13: Plot of AUCmix vs Con. of LEV & AZI-DDQ in pure form



Fig 14: Plot of AUCmix vs Con. of LEV & AZI--p-CA in pure form

The optical characteristics and statistical data for the regression equation of the proposed method for the determination of individual drugs (Levofloxacin and Azithromycin) are presented in Table 1 and in synthetic mixture in the ratio of 1:1 of drugs as in tablets using area under curve (AUC) are presented in Table 2.

Table 1:	Optical and analytical parameters	for the individual	determination of	Levofloxacin an	d Azithromycin
		using Area Under	Curve		

Parameters	D	DQ	р-СА			
λ Lower and λ Higher	390nm.	- 650nm	400 nm -700 nm			
for AUC	5701111	- 0501111	4001111	7001111		
Range of	Levofloxacin	Azithromycin	Levofloxacin	Azithromycin		
concentrations of	10.200	10 005	20,200	40.500		
drugs (µgmL ⁻¹)	10-200	12-223	30-300	40-300		
Slope	2.009	0.797	0.129	0.798		
Intercept	-0.946	0.406	-0.302	0.112		
Correlation coefficient	0.998	0.999	0.998	0.999		
Residual intercept	0.6087	0.2898	0.1172	0.967		
LOD	1	1.4	3	5.0		
LOQ	3.3	4.62	9.9	16.5		

Table 2: Optical and analytical parameters for the simultaneous determination of Levofloxacin and Azithromycin in synthetic mixture in the ratio of 1:1 of drugs as in tablet using Area Under Curve

Parameters	D	DO	n.	CA	
λ Lower and λ Higher for AUC	390nm	– 650nm	400nm – 700nm		
Range of	Levofloxacin	Azithromycin	Levofloxacin	Azithromycin	
concentrations of drugs (µgmL ⁻¹)	14-140	14-140	30-300	30-300	
Slope	1.000	2.104	1.000	0.199	
Intercept	0.133	0.474	-0.382	0.413	
Correlation coefficient	0.999	0.997	0.999	0.99	
Residual intercept	0.2278	0.5778	0.9090	0.1809	
LOD	1.4	1.4	3.0	3.0	
LOQ	4.62	4.62	9.9	9.9	

Five different solutions of pure drug mixture in the range of calibration curve were selected and the recovery experiments were performed. The recoveries and their relative standard deviations are tabulated in Table 3.

Similarly, different solutions of Azitech-Le tablets (1:1) in the range of calibration curve were chosen and the assay was estimated using the calibration curve (Fig. 15 and 16). The results of the recovery experiments are tabulated in Table 4.

Table 3: Application of proposed methods for the simultaneous determination of Levofloxacin and Azithromycin in the mixture in the ratio of 1:1 of drugs in pure form using Area Under Curve

Taken (μg ml ⁻¹)				Found (µg ml ⁻¹)				Recovery (%)			
Levofl	oxacin	Azithro	mycin	Levofle	oxacin	Azithr	omycin	Levoflo	oxacin	Azithr	omycin
DDQ	p-CA	DDQ	p-CA	DDQ	p-CA	DDQ	p-CA	DDQ	p-CA	DDQ	p-CA
14	30	14	30	13.98	30.53	14.16	29.42	99.85	101.76	101.14	98.06
28	60	28	60	28.32	59.68	28.24	60.23	101.14	99.46	100.85	100.38
42	90	42	90	41.88	89.45	41.54	90.88	99.71	99.38	98.90	100.97
56	120	56	120	55.84	121.85	55.65	121.00	99.71	101.54	99.37	100.83
70	150	70	150	71.85	150.64	71.12	151.3	102.64	100.42	101.60	100.86
84	180	84	180	84.23	181.62	84.56	180.54	100.27	100.90	100.66	100.30

	SI)		SD			
	Proposed	method		Reference method			
Levofl	oxacin	Azithro	omycin	n Levofloxacin Azithromyc			
DDQ	p-CA	DDQ	p-CA	DDQ	DDQ p-CA DDQ p-C		
1.1572 1.0135 1.0551 1.0992				1.0872	1.2212	1.3253	1.1313

	t-T	est		F-test				
Levofl	oxacin	Azithro	omycin	Levofl	Levofloxacin Azithromycin			
DDQ	p-CA	DDQ	p-CA	DDQ	p-CA	DDQ	p-CA	
0.0960	0.2922	0.3576	0.0447	0.8827	1.4519	1.5778	1.0593	

Table 4: Application of proposed methods for the simultaneous determination of Levofloxacin and Azithromycin in the mixture in the ratio of 1:1 of drugs in pharmacutical form (Azitech-Le tablets) using Area I

Jnd	ler	Cur	ve

	Tako (µg m	en d ⁻¹)			Found	Found (µg ml ⁻¹) Recovery (%)					
Levoflo	xacin	Azithr	omycin	Levofloxacin		Azithromycin		Levofloxacin		Azithromycin	
DDQ	p-CA	DDQ	p-CA	DDQ	p-CA	DDQ	p-CA	DDQ	p-CA	DDQ	p-CA
14	30	14	30	14.16	29.84	14.23	30.02	101.14	99.46	101.64	100.06
28	60	28	60	27.96	60.24	28.42	59.64	99.85	100.40	101.50	99.40
42	90	42	90	42.46	90.42	42.08	90.16	101.09	100.46	100.19	100.17
56	120	56	120	56.09	120.08	56.47	120.45	100.16	100.06	100.83	100.37
70	150	70	150	69.64	149.85	70.66	150.37	99.48	99.90	100.94	100.24
84	180	84	180	84.15	180.18	83.54	180.47	100.17	100.10	99.45	100.26

	S	D		SD				
	Proposed	l method		Reference method				
Levofloxacin Azithromycin			Levofloxacin Azithromyci			omycin		
DDQ	p-CA	DDQ	p-CA	DDQ p-CA		DDQ	p-CA	
0.6692 0.3640 0.7416 0.3512				0.5690	0.3942	0.7302	0.3400	

t-Test				F-test				
Levofl	loxacin	Azithro	omycin	Levofl	oxacin	Azithromycin		
DDQ	p-CA	DDQ	p-CA	DDQ	DDQ p-CA		p-CA	
0.2459	0.1243	0.0239	0.0500	00 0.7229 1.1728 0.9694 0				



Fig 15: Plot of AUCmix vs Con. of LEV & AZI-DDQ in dosage form



Fig 16: Plot of AUCmix vs Con. of LEV & AZI-p-CA in dosage form

V. CONCLUSION

A new way of analysis of mixed dosage forms using DDQ (Method A) and p-CA (Method B) involving the concept of area under curve is proposed, These methods are tested and validated. This is applied to the mixture of levofloxacin and azithromycin.

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